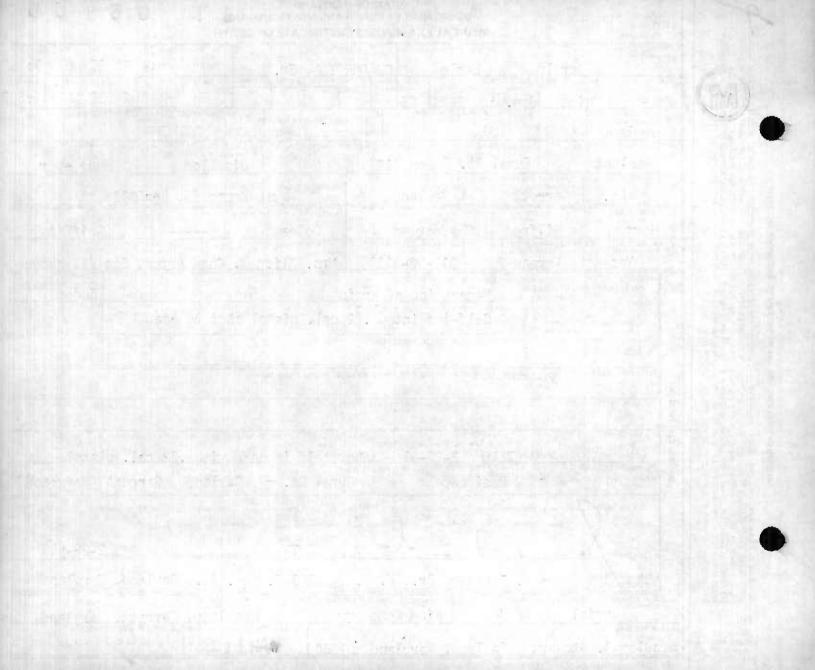
	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0	5 1 0 6
e> €.	I. DE	CEASED NAME FIRST OR PRINT)	MIDDLÉ	LAST	To brite or berin	DAY YEAR 26 HOUR
y be dear		Eve.	<u> </u>		February 12, 1	
THE STATE OF THE S	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
8	10	Female	White	May 21, 1919	61 YRS.	
un 72 h		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Garret	
Fled with		or town of death Oakland	(IF NOT IN SUCH FACILITY, GIVE STREET Garrett Count		(TYPE OF WORK FOR MOST OF WORKING LE HOUSEWILL	
35 E	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS Rural	
Kalmine	14 FA	THER'S NAME Clarence	MIDDLE LAST SWITZ	er Bertha	MIDDLE	Wotring
. Poges I	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECT	JRITY NO. 17 INFORMANT	ADDRESS Ekman Rt. 2 Oal	
and such and in system of the containing print person in person to burief, cremation, or removes only injury, or other traumatic ever	CERTIFICATION	Conditions, if any, which gove rise to immediate cause in stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION Aug. 1960	196 CONDITION FOR WHICH Dynchosen	ENCE OF CALLED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES NO YES YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
er this certificate the burial-transit and Mental Hygii ked or Item 18 shc	MEDICAL CE	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (HE EITHER, NOTHEY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH D	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, F	COUNTY STATE
TO FUNEXAL URECLION: Attached to the standard for use on with the State Dept. of Health IMPORTANT: If Item 21 is morth		220.1 certify that (1) this hasp		DEGREE ATTENDING PHYSICIAN 22e. ADDRESS Eglon, WV	MEDICAL STAFF DIRECTOR PHYSICIAN	19 St., that (1) (we) los or and from the causes stated 22c. DATE SIGNED 2/12/8/
should b	23a. E	BURIAL, CREMATION, REMOVA Burial	0	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	county state Garrett Mo
50M 1/76 5 (4))	24 F	UNERAL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 25b. REPST	

of in Jati Ai graphic Dr. Ocenera Primarion and Relon W 26710 - STATE

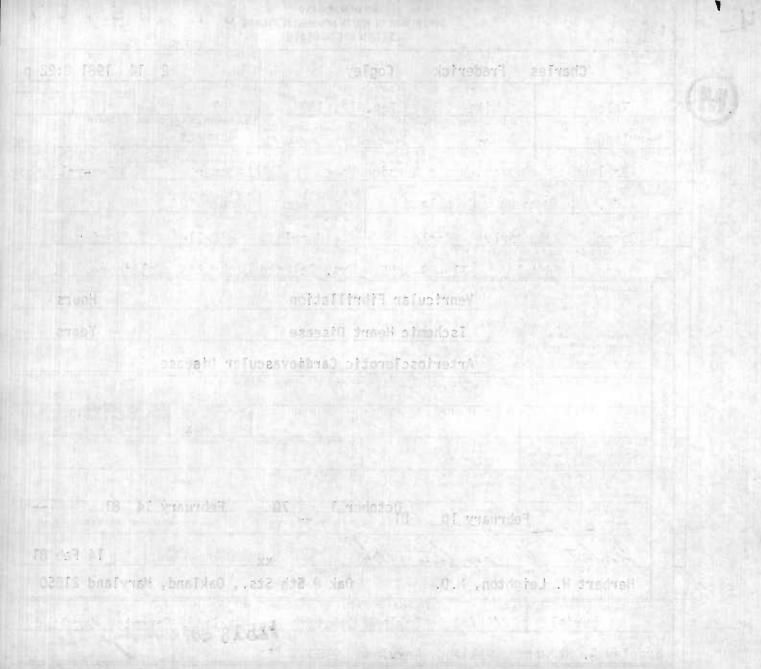
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	1,	FOR			DEPART	MENT OF	HEALTH			HYGIEN	8 1	() 5	5 1	U	8
		STATE REGISTRAR		MI	DICALI	EXAMIN	IER'S'C	ERTIFIC	CATE	OF DEA	TH	REG. NO).			
		CEASED NAME	FIRST		MIDDLE			LAST			2a. DATE K	ESTI-		DAY	YEAR	2h HOUR
25 B B B	3. SE		Gerald	5. DATE OF BIRTH	ysle	6. AGE (IN YE	HADDE		Sr.			MATED [) 2	28 DAY	1981 YEAR	7:15F
" 他加速	8			MONTH DAY	YEAR	LAST BIRTHD	AY) MONTH	DER 1 YR.	HOURS	R 24 HRS.	PRONOUNG DEAD	CED	2	28	1981	28: 3QF
3664	70. B	RTHPLACE (ST	White ATE OR	Jan. 13	1926 WHAT COUN	TRY?	RS.				9. BALTIMO	ORE CITY O	R COUN			10.5M
いると		Mary lan	d	USA			WIDOW	ED NE		CED	GA	RRETT	-			MD.
SARA SA		ITY OR TOWN		11. NAME OF HO			E, OR OTHE	R INSTITU		12a. USU	AOST OF WORK	ATION (TYPE	OF WORK	12b KI	ND OF BU	SINESS
ELAY SE FI		0ak1ar		Rural R	t. 5, [Box 31				Di	sable o	ING ESPE)			eve	
RE, MD. 21201 L DEATH, IF ANY DEL GES 1, 2, AND 3 TO RM PM 3, RETAIN P AND 2 SYOULD BE OFWITAL RECORDS,		TATE Md	113h COUN	or other institution, of the transfer institution in the transfer in the transfer institution in the transfer in the transfer in the trans		OR TOWN		13d. INSIDE C	NO [2	13e. STRI	ute #5	s Box	311			
10.2 11.2, 17.2 12.5 17.4 1.4	14. F.	ATHER'S NAME		WIDDLE		LAST		15 MOTHE	ER'S MAI	DEN NAME		DIE			LAST	
PE, MD DEATH DEATH M PM AND 2		Harry		lfred	Chadde	erton			1da						iffit	h
IMORE, FTER DE E PAGE FORM ES 1 AN	16a \	ES. NO, OR UNKNO	(" 120,0112	WAR OR DATES)		IAL SECURIT		17. INFORA				ADDRESS				
URS AFTER WITH FOR WITH FOR WITH FOR DIVISION	\vdash	Yes		rean		-22-31	10	Mrs.	Ali	ce H.	Chado	derton	, Se		13 ab	
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0 2=300		953	5 O IMMEDIA	TE CAUSE (a). LIQ DUE TO, O	RASACON	SEQUENCE	QF QF	-						30	idden	
VER VER VOVA			ns, if ony, which	Se	rasa con 1f-ini	flicte	d .22	cal.	pis	tol si	not to	head				
TW.			stating the under-	<	R AS A CON	SEQUENCE	OF									215
EXECUTE A BURN AND AND ION,	z	PART 2 DTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELA	TEO TO THE TERM	NNAL OISEASE	OR CONOITIO	N GIVEN IN I	PART 1 (a).						
RECOR	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR V	WHICH OPE	RATION WA	AS PERFOR	MED?					120 A	UTOPSY?	
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ATE STATE ST	CER		L CAUSE WAS	21b. TIME C	F INJURY MONTH	DAY YFA	21c. HO	W INJURY	OCCUR	RED LENTER H	NATURE OF INJU	RY IN ITEM 18 F	ART 1 OR P.			X
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ER: THIS ATE, WR ORWAGE R: PAGE E STATE		22a. I certif	y that Wook chorg	ge of the remains de	escribed abo	ve, held op) Autops	у 🔲 .	Inspecti	on X.	Inquiry	X, on	d in my o	pinion	EE	
L EXAMINE E CERTIFICACION OULD BE FO L DIRECTOR H, WITH THE MARYLAND,		death resulte	1/	ral causes .	Accident		icide X.	Homic	ide .		ermined mor					
EXA/ CERT CERT DID DIRE WIT		ACTUAL	X	,		X.		TITLE (S	PECIFY)				DATE	0 0	00 01	
CAL THE SHOOT RAL ATH,		SIGNATURE	1 Elm	110		1	M.	DEP	UIY	MED	ICAL EXAMI	NER	SIGN	EDZ-Z	28-81	
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TI	4			s H. Feas								Oak1	and,	Mar	ylan	d
PATOPA	23a.B	SPECIFY)	TION, REMOVAL 2			NAME OF CE			ORY	23d. LC	CATION			JNTY	ST	ATE
BP	24. F	DI UNERAL DIREC	urial	3/3/81	I K.	ing Ce	meter		25a DATE		kland,		ett.	Mar	rylan	<u>d</u>
DHMH - 17 (VR A15 ME (5))		NAME	A. Stewar	ot Oakl	and, N	Janua	nd 'o			AR 1	1 1981	ju	open	1100	Ç	
15M 7/77		aurey /	1. JLEWal	C Vaki	anu,	id LA LG	IIU Z	TOOU	and the	101 7	7 1001					



BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

		FOR			DEB 4 DT		OF MARYLAND	TAL UVC	1 8 1	0	5	1	0 9
	1 -	STATE REGISTRAR			DEPARI		ICATE OF DEAT						
		CEASED NAME	FIRST	۸	AIDDLE	· L	AST		REG. 2a. DATE OF DEATH	MONTH	DAY Y	EAR	26 HOUR
	(TYPE	OR PRINTS	narles	s Fred	erick	Cog	ley	13.1	A LOS THE	2 1	14 19	189	8:22 p _m
1	3. SE	×		4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER	1 YEAR	IF UNDER 24 HRS
1		Male		White	е		12, 1894		87	YRS		UATS	HOURS MIN
1	CC	RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	MARRIEI	NEVER MARE	RIED 🕱	9 BALTIMORE CITY	_	ITY OF DEA	TH	
0		aryland TY OR TOWN OF DEA	711	USA	LOSDITAL MUDGI	WIDOWE	D DIVOR	CED 🗌	Garrett				MD
10	10 CI	0ak1and		(IF NOT IN SUC	-Weeks N	T ADDRESS)		ION	(TYPE OF WORK FOR MOS' Laborer		LIFE) INDL	STRY	of Business OR
35	USUA 13a S	AL RESIDENCE (IF NURS TATE Md.	136 COUN	other institution, ITY rett	136. CITY OR TOV	VN	13d. INSIDE CITY L		13e STREET ADDRESS	S			NO.
-	14 FA	THER'S NAME		- 11 - 17 - 17	Uaktan	u	15. MOTHER'S MA		AE .	- STEE			
10		Joseph		nderly	Coale	V	Cari	cie	Belle		Tus	ina	
1		VAS DECEASED EVER	IN U.S. AR		166 SOCIAL SEC		17 INFORMANT	1.0		RESS	103	TIIA	
	(1	Yes	WW		710-09-	5805	Mrs. Ce	leste	Heckrotte	, Bal	timor	e,	Md.
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	D BY:			rillatio				BE	HOL	IMATE INTERVAL ONSET AND DEATH
	Ы	11.1119	IMMEDIA	E CAUSE (a)								1100	11 3
		Conditions, if ony,		(b)_	İschemi	c Hear	rt Diseas	e				Yea	ars
		cause (a), statin underlying couse	ig the	DUE TO, OF	Arterios	clero	tic Cardo	ovasc	ular Di e ea	ase			
	NO	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CO	NDITION C	GIVEN IN PA	ART 1(c	a)
	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		YES, WERE		
1	TIFIC								YES NO NO	INCER	YES	AUSES	OF DEATH?
9		210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	216. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 1	8, PART 1 OR PA	ART 2)	
	MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE (21f. LOCATION STREET		CITY OR T	OWN	COUN	ITY	STATE
		22a.l certify that (1)	788	tal) attended the	e deceased from	Octo	per I	9.70	Februa	ary I	1, 1981		that (I) twe) last
W.		sow the decease abave, (1) (me) (c	ed olive on	Februar	V 10 19	Ol	d that in (my) (507	opinion d	leoth occurred on the	dote and h	our and fro	m the	couses stated
		226. SIGNATURE	-	7/11	/ //	1	DEPOREE			2500	226.	DATE	SIGNED
		Herbert	1	4 les	9. hlon	, Me	PHYS	NDING SICIANXIX	MEDICAL ST	AFF ICIAN [4 F	Feb 81
1		Herbert			M.D.		Oak @ 5	th St	s., Oaklaı	nd, Ma	arylar	nd 2	21550
	23a. B	BURIAL, CREMATION,					EMETERY OR CREA		23d. LOCATION CITY OR TOWN	0	COUNTY	.,	STATE
	24. FI	DUY UNERAL DIRECTOR	Idl	2/18	/81 [0	akland	Cemetery		Oakland,	Garr R 25h REG	ett.	Mar	VIand
		radley A.	Stewa	rt Oal	kland, M	arvlan	d 21550	00%	0 1998.		1	. al.	recory
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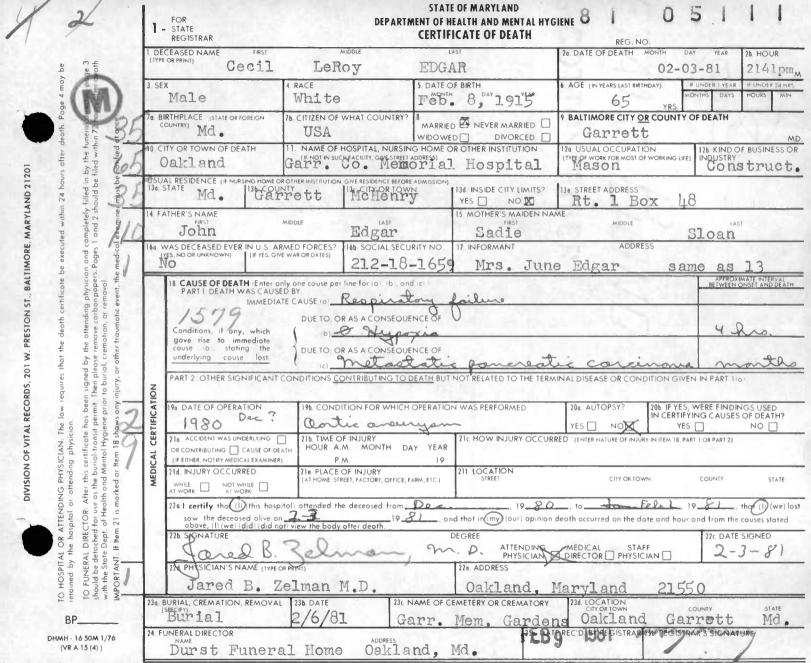


2		FOR			PARTME		MAKYLAND H AND MENTAL	HYGIEN		0 5		0
		STATE REGISTRAR		MEI	DICAL EX	AMINER'S	CERTIFICATE	OF DEATH	REG. N	NO.		
		CEASED NAME	FIRST		MIDDLE		LAST	2a. C	OF ESTI-		DAY YEAR	2b. HOUR
. S. S	,,,,	Containing	Wilbe	rt Adria	n DeWi	tt		D	EATH MATED	02	14 19 81	lor
PIEASE	3. SE)		4. RACE	5. DATE OF BIRTH	YEAR LA	GE (IN YEARS IF U		ER 24 HRS. 2c.	DATE NOUNCED	2 MONTH	15" 81	24 HOUR 915A
¥(1M)	Ma		White	9/23/19	908	72 YRS.	The state of the s		DEAD		19	M
ESS		RTHPLACE (ST		76. CITIZEN OF WE	IAT COUNTRY?	MARI	RIED NEVER MAR	RIED X	ALTIMORECITY Garrett	OR COUNT	Y OF DEATH	
NECES S. FUNETA		W. V	a.	USA			WED DIVOR	RCED L			12b. KIND OF BUS	MD.
BALTIMORE, MD. 21201 UNES AFTER DEATH. IF ANY DELAY IS IN BRIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM. 3. RETAIN PAGE 1. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF WITH RECORDS 301 V	De	er Par	k				HER INSTITUTION	FOR MOST	OCCUPATION (T OF WORKING LIFE) MOT	YPE OF WORK	OR INDUSTR Farmin	Υ
IF ANY DISTAND 3 RETAIN SHOULD IN RECORD	13a S		113h COUN	or other institution, Gr ity crett	13c. CITY OR		13d. INSIDE CITY LIMITS? YES NO 18		ADDRESS B	Box #	131	
AD. 3	14. FA	THER'S NAME		MIDDLE	LAST	1075	TS. MOTHER'S MAIL FIRST	DEN NAME	MIDDLE		LAST	
RS AFTER DEATH. GIVE PAGES 1, WITH FORM PM PAGES 1 AND 2 PAGES 1 AND 2 DIVISION OF WITH		H.		lfax	DeWit		Vernie)	ADDRE		ves	
MO FOR FOR	(YI	S, NO, OR UNKNO		WAR OR DATES)		SECURITY NO.				201	7 Smoot	
RS AFT GIVE I		Zes		7 444		5-7511	Mrs. Vi	olet (ampbel	1-Wes	APPROXIMATE	
HOUR A 18. 0 AG W MIT. P		PART I DE	ATH WAS CAUSE		tor (a), (b), and	Shock;	Hemorrh	hage (Pe	ritonea	1)	BETWEEN ONSET	AND DEATH
ON STATE	7	906	MMEDIA	TE CAUSE (a)	AS A CONSEQ	UENCE OF				A 15-54		
PRESTON VITHIN 24 CIL IN ITE/ NER ALO! ANSIT PER AOVAL.	1		ns, if any, which			Ruptur	ed Liver				11	
ED WITH			stating the under-		AS A CONSEQ							
RECORDS, 301 ILD BE EXECUTED PENDING" IN P. F. MEDICAL EXA ED AS A BURIAL HEALTH AND MAL FREMATION, OR		lying cau	ise iast.	(c)		Steppe	ed on By a	Cow			11	
TE SHOULD BE EXECUTED WITHIN 24 HOUWORD "PENDING" IN PENCIL IN ITEM 18. HE CHIEF MEDICAL EXAMINER ALONG VOIR USED AS A BURIAL-ITANSIT PERMIT. INTO PHEALTH AND MENTAL HYGIENE, DINTAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINAL OISEA	SE OR CONDITION GIVEN IN	PART 1 (a).				
CREA CREA	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHI	CH OPERATION \	WAS PERFORMED?				20. AUTOPSY?	
SHOULD ORD "PEN CHIEF A CHIEF A TOF HEA IIAL, CRE/	Ĕ										YES 🖺	NO 🗆
THE SELECTION OF S		21a. EXTERNA	L GAUSE WAS	21b. TIME OF	MONTH DA	Y YEAR CL	epped on	RED LENTER NATUL	COLL DO	18 PART I OR PAR	RT 2)	
ARTICA HOLL	MEDICAL	CONTRIBUTI	NG CAUSE OF		•	19		ı by a	COW IIa	A T 118	a call	•
ATE DEP	MED	21d. INJURY C WHILE AT WORK	NOT WHILE [SPEAT	OF INJURY (AT ORY, FARM, ETC.)		STREET 4. BOX	130 T	eer Pa	rk Ca	rett	Marate
TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CRITIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USELER DEPARTMENT OF BATTEN DEPARTMENT OF BATTEN OF BUILD ASSIGNMENT OF BUILD ASSIGNMEN		22a. I certi	fy that hook charg	ge at the remains des		1 1	psy A, Inspect	tian . Ir	iquiry 🔼,	and in my ap	oinian	
MIN BE BE FIC TANE		death result	ed fram Natu	ral causes 🔲 , 🤈	Accident	. Juicide	, Hamicide	Undetermi	ned manner],		
CERT CERT DID DIRE WIT ARYI		ACTUAL	10	100	1	1-	TITOEPOTY			DATE	2-15-19	81
THE SHOUND ATH,		SIGNAPHIE.	1 com	4	-0		W.D	MEDICAL	EXAMINER	SIGNE		
UTE OUNE	1	EXAMINER'S (TYPE OR PRI	NAME Jame	s H. Feast	er, Jr	., M. D.		S. 2nd.	St., 0	akland	, Md.	
A FTE	23a B		TION, REMOVAL	73b DATE	123c NAM	E OF CEMETERY	_ADDRESSOR CREMATORY	23d LOCAT	ION			
BP	(3	Buria	0 1	2/18/8			Cemeterv	(rur		er Pa		r.Md
P DHMH - 17	24. F	UNERAL DIREC		1 XV XVIII	The same of the sa	agrao (25a. DAT	E REC'D. BY REC	SISTRAR 25b. RE	GISTRAR'S S	IGNATURE	ALL AND
1 A 15 ME (5)) 15M 7/76		Rober	t M. Du	irst	Daklan	d. Mary	rland	B 18 19	181	Holis	O C	
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	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B	0511	2
poge 3		CEASED NAME FIRST PROPRINT) Franci	s Howard	GOW	FR	February 26.		HOUR 100A M
The second secon	3. SE	X	4 RACE	5. DATE C	OF BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHOAY)		INDER 24 HRS
hours offe		Male RTHPLACE (STATE OR FOREIGN	White The CITIZEN OF WHAT COUN	JTDV2 8	ber 7, 1894	86 9 BALTIMORE CITY OR CO	YRS. UNITY OF DEATH	
35	Ma	aryland	USA	WIDOWE		Garrett		MD
notified		Oakland	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Dennett Road I	Manor Nu		TYPE OF WORK FOR MOST OF WORLD	126. KIND OF BU INDUSTRY TOWN Gas	
See pe	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF ITATE 13b. COUN Gar	other institution, give residence of the	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 23 S. Wate	er St.	
Syemine 10	14 FA	James Wi	MIOOLE LAS		15 MOTHER'S MAIDEN NAME FREST Hannah	orpha	Whorl	
medical)6a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE YES W	WAR OR OATES)	7-6550	F. Harold Gov	wer, See #13 a	ibove	
18 shaws any injury, ar ather traumotic ever	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 19b. CONDITION FOR W	G TO DEATH BUT	- Cevely		IF YES, WERE FINDINGS CERTIFYING CAUSES OF L YES \(\)	
or them	MEDICAL	OR CONTRIBUTING CAUSE OF OE A (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DAY YEAR 19 DEFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is marked		220-1 certify that (1) (this Jospi	tal) attended the deceased f		nd that in (my) (our) apinian a	, to	19 that and have and from the couse	(I) (we) lost es stated
NT: # #em		22b. SIGNATURE	- onus	~	DEGREE DATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGN	1ED .
IMPORTAN		Dr. Thomas	Johnson, MD		311 N. Four	th St., Oaklar	nd, Md. 215	50
≤	1	BURIAL, CREMATION, REMOVAL burial			d Cemetery	Oakland, 0	Garrett, Mar	yland
77		radiey A. Stewa	rt Oakland,			RA 1981	EGISTRAR'S SIGNATURE	7

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		THE		
X (2) (2)				

2		1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 REG. 1	0	5 1	1 3
	moy be		CEASED NAME FIRST MARY	ARY	ABETH	IZABETI FAI	T' HARVEY	20 DATE OF DEATH		05 81	2000 M
	Poge 4 m		Female	Whi		Aug	DAY YEAR		YRS.	INTHS OAYS	HOURS MIN
	deoth. Puneral d	C	RTHPLACE ISTATE OR FOREIGN DUNTRY Md.	76 CITIZEN OF		MARRIE WIDOWE		BALTIMORE CITY	or county o rett	OF DEATH	MD.
102	ofter of the fed with ed	(or town of DEATH Oakland	Garre	tt Co	Memo:	rial Hosp.	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewif	OF WORKING LIFE)	INDUSTRY	BUSINESS OR Home
AND 213	hin 24 hours ly filled in b should be fil	13a S	AL RESIDENCE (# NURSING HOME OF ITATE 136 COUN			BEFORE ADMISSION) TOWN Laice	13d. INSIDECITY LIMITS? YES 🙀 NO 🗌	130 STREET ADDRESS	Street	t	
RYL	± 50	14 FA		WIDOTE	LAST		15 MOTHER'S MAIDEN I	NAME		LAST	
MA	omp on 10		Norman		Mille:		Pauline		I	Beaver	
MORE	be execu	16a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? E WAR OR DATES)		SECURITY NO.	ROV T. Ha	rvev Jr.	same	as 13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	s that the death certificate bed by the attending physician lease remove carbon papers, and, cremation, or removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last	D BY: TE CAUSE (a) DUE TO, C	The	EOUENCE OF	<u> Cancine</u> unoma	Metoris Kidney -	-	BETWEEN ON	ATE INTERVAL HISET AND DEATH MOST
L RECORDS, 20	e low require: nos been signe permit Then p me prior to bu ws ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT (NOT RELATED TO THE TE	RMINAL DISEASE OR COI	20b. IF YES,	WERE FINDING	
OF VITA	IG PHYSICIAN: The k oftending physicion. For this certificate has s the buriol-transit per s and Mental Hygene rked or frem 18 shows		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A		DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN)			
VISION	or ottending After this ce e as the burn alth and Mee	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OF		211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
٥	TEN TOR: or us		22a.l certify that (1) (this hospi saw the deceased alive an obove, (1) (we) (did) (did no			om 100	nd that in (my) (our) opini	on death occurred on the	dote and hour		not (I) (we) lost auses stated
	the hort DIRE		22b. SIGNATURE	Rant	m		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	22c. DATE S	5-81.
	O HOSPITAL TO FUNERAL Should be det with the Stote		Dr. Bowie L				22e ADDRESS Oaklane	d, Marylan	d 215	50	
	or she with	23a. E	BURIAL, CREMATION, REMOVAL	23h DATE	0-		EMETERY OR CREMATOR	CITY OR TOWN		OUNTY	STATE
	BP		Burial	8/8/	01/0	Pleasa	ant Walley	(rural)	Oakla		rr. Md.
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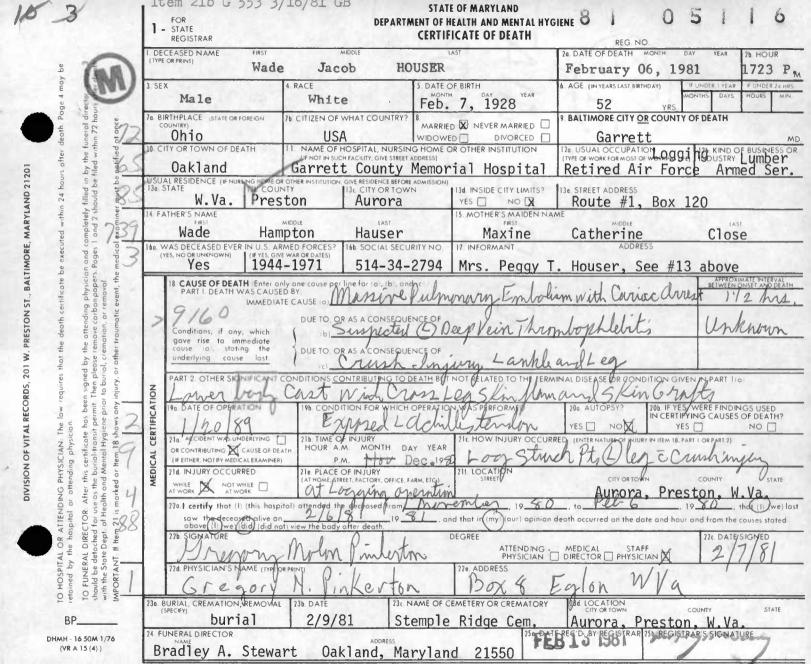
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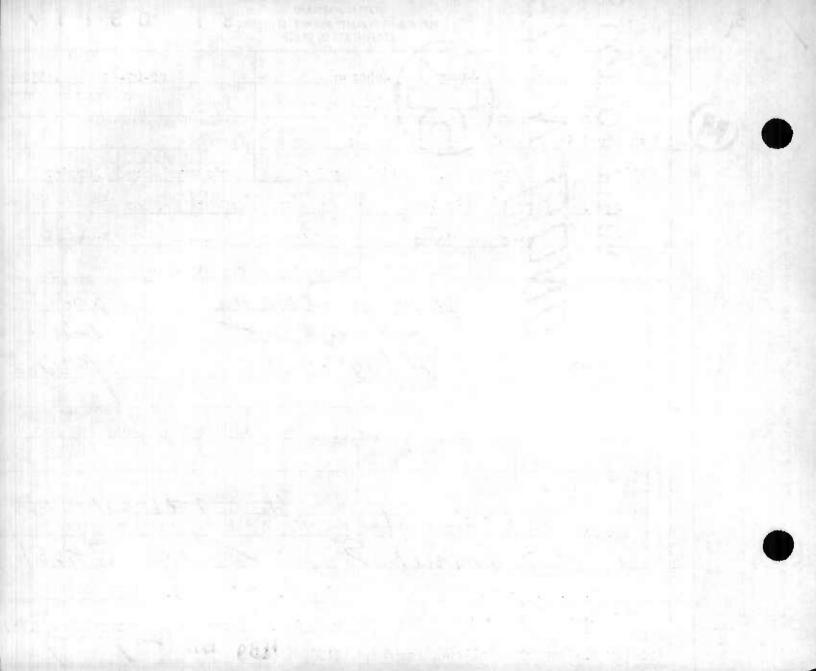
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The			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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1-17		3. SE	, nain	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
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deo otte	000		Conditions, if ony, which	(b) (C)	releval ascular	accident	hours
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ne oe o	34	Ĕ	50 K.S. W SRIGHT W				FYING CAUSES OF DEATH?
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CIAN The physicic prificate ol-tronsit	8 0		OR CONTRIBUTING CAUSE OF DEA			(RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
ICL B P P	He 7	¥	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
din din	2	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
then the pho	0	Ž	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
Afre os	ork		AT WORK — AT WORK —		8 1 1 0	Ab. 119	
R: No	is m			of) offended the deceased from	8-24-19.19		, 19 that (1) (we) lost
pite for of h	2	44	sow the deceased alive an above, (1) (we) (did) (did)	2-3 195	ond that in (my) (our) opinion	death occurred on the date and ha	ur and from the couses stated
OR AL	E		17W SIGNATURE	View the body direct deam.	DEGREE		22c, DATE SIGNED
	Ŧ		410 mme BA	al I	ATTENDING	MEDICAL STAFF	2-2-8/
HOSPITAL Ined by the FUNERAL Ind be deto	Ž-		/ My	421		DIRECTOR PHYSICIAN	12-3-01
HOSPIT, sined by FUNER, buld be d	Y I		THE PHYSICIAN SNAME THEO	PRINT	ADDRESS		
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Sho To	₹-	22.0	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
		230.	SPECIFY)	D W OD.	17	EITY OR TOWN	COUNTY / STATE/
BP	-	1	Durial	12-7-1981 126	ear Creek (em.	HCCI deNt ()	arrett 1/14.
DHMH - 16 50M 7/2	77	24 F	JHERAL DIRECTOR	CADDRESS	25a. DA	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VR A 15 (4))		1	V. Lina Obu	man (Tomas	tesillo Mal	EB 11 1981	Fry Malrady
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/ 3	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 1 0	5 1 1 7
1	REGISTRAR I DECEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 7h HOLIR
• w t	(TYPE OR PRINT)				28.11000
noy be page 3	Mari		Johnson	02-02	
ffer D	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
000	Female	White	May 2, 1903	77 YRS	
P P P P P P P P P P P P P P P P P P P	Na BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Garrett	Y OF DEATH MD.
offer o	Oakland	(IF NOT IN SUCH FACILITY, GIVE STREET Garrett Co. Mem	ADDRESS) Orial Hospital	(TYPE OF WORK FOR MOST OF WORKING LI	
212 nour		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		oq narənig
BALTIMORE, MARYLAND 2120: cote be executed within 24 hours. system and completely filled in thy opers. Pages 1 and 2 should be till wal.	Md. Ga	rrett Oakland	YES NO X	Route #5, Box	x 67
RYL.	14. FATHER'S NAME	MIDDLE LAST	13. MOTHER'S MAIDEN NA	AME	1817
MA MA	David M	Meade Jones	Elizabet		Provence
ORE, xecul nd cc ges 1	16s WAS DECEASED EVER IN U.S. (ARMED FORCES? 168 SOCIAL SECU		ADDRESS	7/11-7-12-14-14-15-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1
IMORE	No	236-66-	0073 Thomas Jones	. See #13 above	
DS, 201 W. PRESTON ST., quires that the death certifus signed by the attending phen please remove corbang to burial, cremotion, or removing, at either Halemante ever	Conditions, if any, which gave rise to immediate cause in stating the underlying cause last. PART 2. OTHER SIGNIFICAN:	DUE TO, OR AS A PONSEQUE DUE TO, OR AS A COMMENT (c) CONDITIONS CONTRIBUTING TO	NETO LOSA DEATH BUT NOT RELATED TO THE TERM	ALOS MINAL DISEASE OR CONDITION GIV	yars YEN YPART (10:
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir oftending physicion. fret this certificate hos been sign os the burial-fronsit permit. Then th and Mental Hygiene prior to b orked or then 18 shows ony inter-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
A OF VITA SICIAN: TI ng physicic certificate riral-tronsit tem 18 sh	OR CONTRIBUTION CAUSE OF F		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18, F	PART 1 OR PART 2)
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TENDI ortol or TOR: A or use of Heol	sow the deceased plive (obove, (1) (XX (did) (XX	on 19 19 19 19 19 19 19 19 19 19 19 19 19		to	
TO HOSPITAL OR AT retoined by the hosp to FUNERL DIRECT should be detoched from the Stote Dept owith the Stote Dept of them Stote Dept of the Stote Dept of	226. SIGNATURE	S Manc	AFTENDING PHYSICIAN	DIRECTOR PHYSICIAN	3-12681
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store		Mance, MD		Oakland, Md. 215	550
OT of short with the short of t	23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
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DHMH - 16 50M 1/76 (VR A 15 (4))	Bradley A. Stewa	art Oakland, Ma	2.1	TE REC'D. BY REGISTRAR 256-REC'S	TRAP'S STONATURE



FOR

2b. HOUR # UNDER 24 HRS IF UNDER TYEAR MONTHS DAYS HOURS BALLIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR E OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OV -azenba BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c HOW INJURY OCCURRED | LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE that (I) (we) lost , and that in (my) (aur) apinian death occurred on the date and hour and from the couses stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 NAME (VR A 15 (4)) 25 CrVICE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SE		. RACE	S. DATE OF	DAY	YEAR	LAST BIRTHD	ARS IF UN	DER 1 YR.	IF UNDER		2c. DATI	NCED	MÓN	in D	AY YEAR	1			
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	FC	RTHPLACE (STA	TE OR	7b. CITIZEN		AT COUNT	RY?	MARRI	ED N	EVER MARR	IED X		Garre	_	UNITC	OF DEATH				
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		lary land	Garre				or Town		13d. INSIDE YES	CITY LIMITS?	13°RSTRI	ET ADDR	ESS 3	, Box	29					
X	14. F.	ATHER'S NAME		MIDDLE	7,5722	1	AST		15. MOTH	ER'S MAIDE	ENNAME		MIDDLE		LAST					
The same		James		Linco	ln		urs		Ge	rtrud	e		lelis:	sa	1	White				
	16a. \	WAS DECEASED	EVER IN U.S. AR		S?	16b. SOCI	AL SECURIT	Y NO.	17. INFOR	MANT		ur(u)	ADDR	ESS			Md.			
1		No	(47	220-	40-216	6	Fran	k Our	s, 13	36 E.	Sec	ond A	ve.	Mt.L	ake PK.			
		18 CAUSE OF	DEATH (Enter on	nly one cause	per line fo	or (a), (b),	and (c).)									APPROXIMA	TE INTERVAL			
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	MEDICAL CERTIFICATION	170. DATE OF	PERATION	196	CONDITIO	ON FOR V	VHICH OPER	ATION W	MS PERFO	KMED!					2	D. AUTOPS				
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	SICA	CONTRIBUTIN	G CAUSE OF			Z 4			CATION	to de	ati.	ru no	use	TILE	200					
	MEL	WHILE AT WORK	NOT WHILE	ST	REET, FACTO	RY, FARM, ET				Rt. 3,	Box	CITY OR TO	OWN .	Park	COUNTY	rett	Md. STATE			
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		death resulted	Matu	irol causes L	1	Accident	L1, //su	icide	, Ham	nicide	Undet	ermined m	nonner							
		ACTUAL	12	11	1	1	A	/	TITLE	(SPECIFY)				D	ATE 2	-4-19	81			
	1	SIGNAPHRE	-	101		6	/		V.D.			ICAL EXA		SI	GNED_					
1	1	EXAMINER'S/N (TYPE OR PRIN	IAME James	s H. F	easte	er, J	r., M.	. D.	, ADDRESS,	107 S.			, 0a	kland	1, M	aryla	nd			
ĺ	23a.E	URIAL, CREMAT	ON,REMOVAL :				AME OF CE			TORY	23d. LC	ORTOWN			COUNTY		STATE			
			rial	2/6/	/81		King C	emet	ery	Tot pies		r Pa		arre		Mary]	land			
	1	UNERAL DIRECT			ADDRESS			4.3		25a. DATE		REGISTR	AR 1256. R	EGISTRA	KS SIGN	NATURE.				
	B	radley /	1. Stewa	rt (Jakla	nd, N	1ary1a	nd :	21550	FEE	46	1901								

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN FX MONTH DAY YEAR (TYPE CILMENT) 10 81 2-18 DEATH MATED CLINTON KEN PARRISH YEAR BUNDER 4 RACE DAY 5. DATE OF BIRTH SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED , 81 male PM white Dec 6 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH ALBERTHPLACE CHATEON Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CHICAMIN USA Garrett County WIDOWED DIVORCED CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Cakland Garret Co. Memorial Hosp. USUAL RESIDENCE IN IN HUMANIA COME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IJL COUNTY 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS Ne thken Mineral YES A NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME TIMIDDLE JeanMiddle Tohn Parrish Doris Welch 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) None John Parrish Elk Garden W. Va 18 CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden infant death syndrome IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF onditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n.) 19s DATE OF OPERATION E 3 SHOULE DEPARTMENT OF HE TO BURIAL. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES XXX NO T 216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STABLIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Hamicide Undetermined monner death resulted framile Suicide TITLE (SPECIFY) ACTUAL DATE M. Assistant 2-19-81 MEDICAL EXAMINER SIGNATURE Korell, M.D. ADDRESS EXAMINER'S NAME Margarita A 111 Penn Street TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE s Burial TOOF Cemetery 2-20-81 Garde BP 250. DATE REC D. BY REGISTRAR 256. HEISETHARES - IGNATURE 24 FUNERAL DIRECTOR **DHMH-17** KITZMILLER Md (VR A15 ME (5) 15M 2/80

completely filled in by the fun I and 2 should be filed within

	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H CERTIF	EALTH AND		IENE O	0 o.	5	2 1
		CEASED NAME	FIRST		MIDDLE	ı	AST		20 DATE OF DEATH	MONTH	GAY YEAR	26 HOUR
	,	No	oah		D.	SCH	ROCK		February	24,	1981	5:30 m
	3 SE)	·		4 RACE		5 DATE C		SEAR.	6 AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		White	•	Jul	y 18,	1894	86	YRS	MONTHS DAYS	HOURS MIN
10	7a Bil	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	RY?	NEVER A	AAPPIED	BALTIMORE CITY	R COUNTY	OF DEATH	
9		Pa.		USA		WIDOWE		VORCED [Garrett			MD.
Ó	10 CI	or town of DE	ATH	II. NAME OF I	HOSPITAL, NUR HEACILITY, GIVE STI BOX	RSING HOME C	R OTHER INS	NOITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF PETMOR			ing
E	USUA 13a S	AL RESIDENCE (IF HUR. TATE Md.	1136 COUI		GIVE RESIDENCE DE 13c. CITY OR TO Oak 1	OWN	134 INSIDE C	ITY LIMITS?	RE DORESS	ox #	124	
D	14 FA	THER'S NAME Daniel		WIDDLE	schro'cl	ĸ		MAIDEN NA	WIDDLE	7	Yoder'	ST
	láa W	VAS DECEASED EVER	IN U.S. AF	MED FORCES?	166 SOCIAL SI	ECURITY NO.	17 INFORMA	NT	ADDR	ESS		
	(4	PES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)			Mrs.	Cora	Schrock	san	ne as	13
		gave rise to im- cause (a), statu underlying cause PART 2 OTHER SIGI	ng the	(Ic)	R AS A CONSE		NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	(a)
_	TION	1% DATE OF OPERA	TION	Tim conto	TION CORNE	ICH OPERATIO	NAC DEBCC	DATE	20e AUTOPSY?	Tan Is ves	S, WERE FINDI	NGS HISED
2	CERTIFICATION	198 DATE OF OPERA	11014	198 COND	TION FOR WH	ICH OPERATIO	A MAS LEKIC	KMED	YES NOTE	IN CERTIF	YING CAUSES	
7		71a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P	PART 1 OR PART 2	
	MEDICAL	214 INJURY OCCUR	HILE C	21a PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATH STREET	ON THE	CITY OR TO	20	COUNTY	STATE
		22a I certify that (1) saw the deceas above, (1) (we) (ed alive ar	-LL	1511		nd that in (my)	(aur) apinian	death occurred an the d	ate and hou		
		226. SIGNATURE	19	Mari	0 9	us		ATTENDING PHYSICIAN [MEDICAL STA		224 GASE	681-
		226. PHYSICIAN'S N	AME (TYPE C	OR PRINT!			220 ADDRES	S				
1		A.E.	Manc	e M.D.			0al	cland,	Maryland	215	550	- 15 10
	23e B	BURIAL, CREMATION,	REMOVAL			3c NAME OF C			(rural)	0-1-7	COUNTY	rr. sia Md.
		Burial	1	12.27	OL I	SLaba	ugh C	em.	(rurall)	Uakla	and Ga	T.I. MICI

STATE OF MARYLAND

BP.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner in

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

24 FUNERAL DIRECTOR Home

Oakland, Md.

Slabaugh

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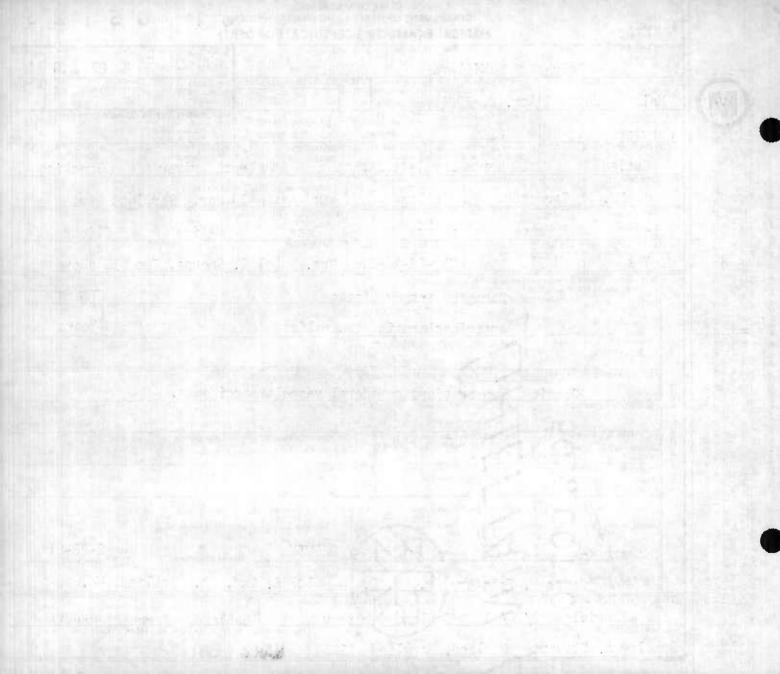
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Lester R. Hinkle

(VR A 15 (4))

STATE OF MARYLAND

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1	FOR				DEPARTMENT OF HEALTH AND MENTAL HYGIENS 1 0 5 1 2 5										
7	1 - STATE REGISTRAR 1. DECEASED NAME (1YPE OR PRINT) JAMES			AT TIME MTCYMMTT T. T.					20. DATE K	1711					
E0.690	SEX MALE	4. RACE		5. DATE OF BIRT	Н	6. AGE (IN YEA	ARS IF UND		NDER 24 HRS.	2c. DATE PRONOUNC DEAD		MONTH 2	9 9	YEAR 81	24 HOUR 5:15
5	10. CHY OR TOWN OF DEATH			76. CITIZEN OF WHAT COUNTRY? I MARRIED NEVER MARRIED STREET OR COUNTRY WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) 126. USUAL OCCUPATION (TYPE OF WORKING LIFE)						MD.					
1									OF WORK	12b. KIND OR IN	DUSTR	1			
2			SING HOME OF	OTHER INSTITUTION	TOR OTTVN	YES NO.			Refree Japonson 268						
0	14. FATHER'S NAME FIRST James			A. HICRRELL ST.							Не	a rtman			
1	(YES, NO,	CEASED EVER I	IN U.S. ARM (IF YES, GIVE W	AED FORCES?		22 689		inda Co		Arne	ADDRESS 1d, Md	•			
, CREMATION, OR REMOVAL.	P	CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: GASTRO—INTESTINAL HEMORRHAGE JAMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Bleeding Esophageal Varices Couse (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) Cirrhosis of liver									NETWEEN ONSET AND DEATH XXX I Hour II years				
	NO	OTHER SIGNIFICANT	GNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									1	20 AUTOPSY? YES NO		
3	CAL CERT	XTERNAL CAUS ERLYING C TRIBUTING C	OR CAUSE OF D	HOUR A	P.M.	DAY YEAR		W INJURY OCC	URRED LENTER	NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PA			
	WHII AT W	ORK AT W			E OF INJURY FACTORY, FARM, 1		211. LOC STI	ATION		CITY OR TOW	N	COI	UNTY		STATE
	ACTUSIG	th resulted from	: Natur	al causes XX 8 H. Fe	Accident			Hamicide TORBUTI	(Y) ME	Inquiry Intermined man	nner,	DATE	2-9-1		
	230. BURIAL	ORPRINT) CREMATION,RI		2/13/81		name of Cer	METERY OR		23d. L Sw	OCATION YOR TOWN	Garr	coul		Md.	TE.
	Boal	15 Fune	ral S	ervice,	-			25e. D		SY REGISTRAF	256. REGI	STRAR'S S		E	

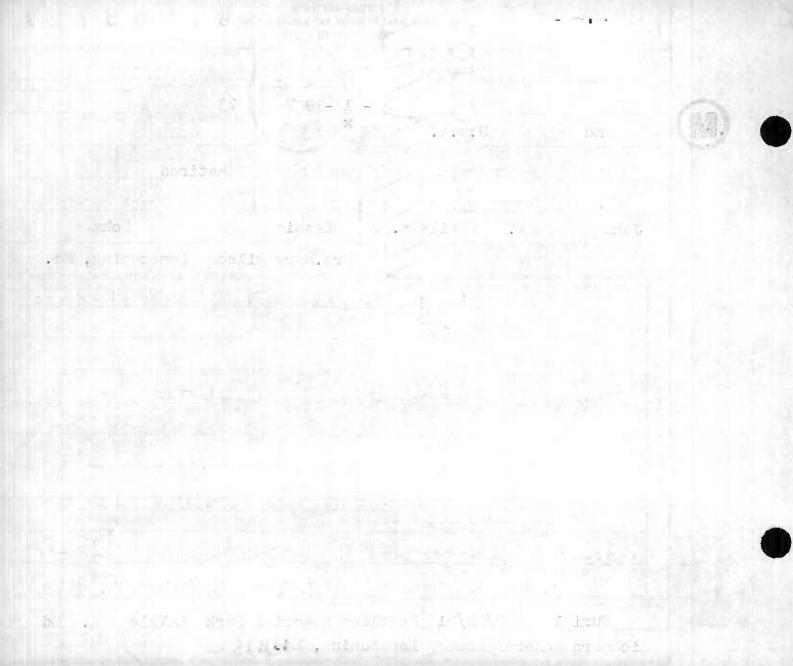
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That I	1 DE		berta	Kate	WHEE		ATH	REG. N 20 DATE OF DEATH	MONTH DAY	14-81	26. HOUR
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72 hou	C	RTHPLACE ISTATE OR FOREIGH OUNTRY) West Va.		7b. CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH			
filed within		ITY OR TOWN OF DEATH	FHOSPITAL, NURSING HOME OR OTHER INSTITUTION UCHEACHAY, GIVE SIREET ADDRESS) THE ON MEMORIES HOSPITAL			128. USUAL OCCUPATION (TYPE OF WORK PORMOST OF WORKING LIFE) INDUSTRY					
P 0	130	AL RESIDENCE IN NURSING H	OME OR OTHER INSTITUTION COUNTY LATOR	GIVE RESIDENCE BEFORE	ta ADMISSION)	134. INSIDE CIT	TY LIMITS?	1359 FEW.DD SE	ate St.		
completely fille 1 and 2 should I nedical examine	14 FA	Reymond	MIDDLE	Wiles		15. MOTHER'S		M.IDDLE	H	ahn LAST	
ysician and con pers. Pages 1 ar oval. event, the med	16a V	VAS DECEASED EVER IN U	S. ARMED FORCES? ES, GIVE WAR OR DATES]	234-03-		17 INFORMAN Wayne W		, 511 W. S		., Jer	na Al
igned by n please re burial, cr injury, or	ICATION	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO D				NAL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	GS USED
Thei Thei or to any	ICATIO	198 DATE OF OPERATION	1% COND	IIION TOR WHICH	0. 6	N WAS PERFOR			IN CERTIFYI	NG CAUSES	
ctan. fficate has been s nsit permit. The Hygiene prior to m 18 shows any	L CERTIFICATION	198 DATE OF OPERATION 718. ACCIDENT WAS UNDERLY!	4G 216. TIME C					YES NO	YES		NO 🗆
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or attending physician. OR: After this certificate has been sage as the burial-transit permit. The Health and Mental Hygiene prior to is marked or Item 18 shows any		218. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 214. INJURY OCCURRED WHILE NOT WHILE AT WORK 228. Certify that [1] This sow the deceosed of obove, (I) (We) [did]	OF DEATH MINER) 21b. TIME C HOUR A MINER) 21c PLACE (AT HOME, ST	DF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC.)	211 LOCATION STREET	URY OCCURR	YES NO	YES IRY IN ITEM 18, PART	COUNTY	STAT
hospital or attending physician. JIRECTOR: After this certificate has been seed for use as the burial-transit permit. The ept. of Health and Mental Hygiene prior to fittem 21 is marked or Item 18 shows any		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 214. INJURY OCCURRED WHILE NOT WHILE AT WORK 226.1 certify that []] Ahis sow the deceased oil	OF DEATH MINER) 21b. TIME C HOUR A H	DF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET	URY OCCURR N . 19 // our) opinion of	YES NO CITY OR TO	YES PRY IN ITEM 18, PART WN 19 late and hour a	COUNTY COUNTY 2. 1 or PART 2) COUNTY 2. 1 or Training from the county	STAT
or attending physician. OR: After this certificate has been sage as the burial-transit permit. The Health and Mental Hygiene prior to is marked or Item 18 shows any	WEDICAL MEDICAL	218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 214. INJURY OCCURRED WHILE NOT WHILE AT WORK 226. I certify that (II) Ahis sow the deceosed of obove, (I) (we) (did). 226. SIGNATURE 224. PHYSICAN S NAME	of DEATH MINER) 21b. TIME C HOUR A MINER 21c PLACE (AT HOME, S1 hospital) attended the body Diffe or PRINT) Zelman, MI	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F The deceased from Total deceased from	AY YEAR 19 ARM, ETC.)	211 LOCATION SIREET 212 LOCATION SIREET 213 LOCATION SIREET 214 LOCATION SIREET 215 LOCATION SIREET 216 LOCATION SIREET 217 LOCATION SIREET 217 LOCATION SIREET 218 LOCAT	URY OCCURR 19 00000 opinion of	YES NO CITY OR TO	YES IRY IN ITEM 18, PART WN Jorde and hour a	COUNTY COUNTY 2. 1 or PART 2) COUNTY 2. 1 or Training from the county	hot (I) live ouses state

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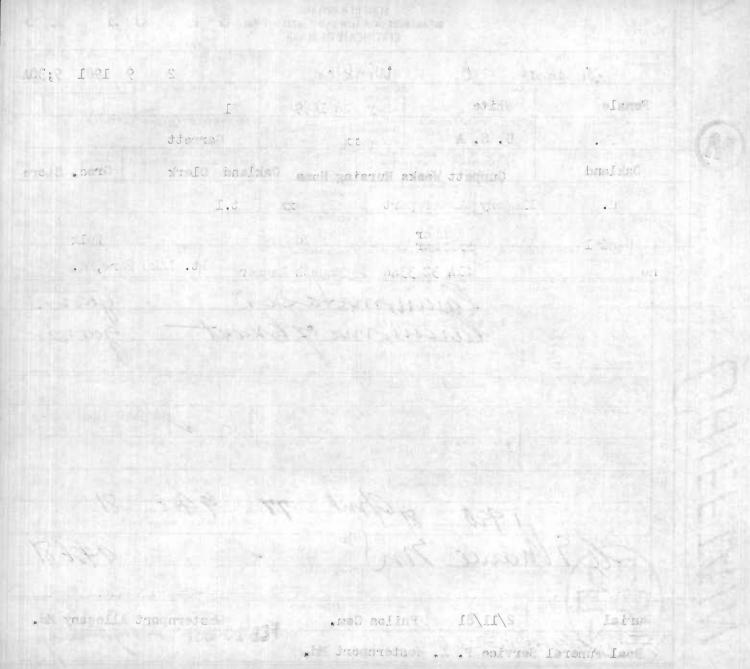


TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and tangentines. When the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Prigor Land 2 though the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP______ DHMH - 16 50M 7/ (VR A 15 (4))

rector, page 3 urs after death

	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0	5	28		
	1 DE	CEASED NAME FIRST	WIDDLE		AST	REG. NO	D. DAY	YEAR	2b HOUR		
		E OR PRINT	1 0	tal.	nl.la.						
	3 SE	Susann	4 RACE	5. DATE C	report	6. AGE (IN YEARS LAST BIRTI	2) 9	9 1981 9;30			
	3 35	Female	White	May		81	'	MONTHS DAYS HOURS MIN			
125	la B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY OR COUNTY OF DEATH Garrett M					
10	10 €	Oakland	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES CUDDETT WE	TREET ADDRESS]	0-1	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY	Store		
BS	130 130	AL RESIDENCE (IF NURSING HOLE OF STATE OUT	OTHER INSTITUTION, GIVE RESIDENCE	TOWN	13d. INSIDE CITY LIMITS? YES NO TO	13. STREET ADDRESS Rt.1					
10	14. F/	ATHER'S NAME FIRST Denial	MIDDLE Kenne	r	15 MOTHER'S MAIDEN NA FIRST Td2	ME		LAST Folk			
2	{	WAS DECEASED EVER IN U.S. AR	MED FORCES? 180 SOCIAT:	3346	17 INFORMANT Kenneth Ken	ADDRE mer Mt. 1	ss Lake Pa	rk,lld.			
s ony injury, or other troumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT O	DUE TO, OR AS A CONSI (c) CONDITIONS CONTRIBUTING	EQUENCE OF		VINAL DISEASE OR CONE	E OR CONDITION GIVEN IN PART 1(0) DPSY? 20b. IF YES, WERE FINDING: THE CERTIFYING CAUSES OF				
2 Show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	YES [Y IN ITEM 18, PART	1 OR PART 2)	но 🗌		
morked or Her	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	n O	COUNTY STATE			
MPORTANT: If hem 21 is mo		220.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	1 4 1/2	11	d that in (my) (our) opinion DEGREE	MEDICAL STAF	F	7			
APORTANT	1	224 PHYSICIAN'S NAME (TYPE O			22e ADDRESS	Third Street		land.	Md.		
≦ `		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 2/11/81	Philos	Cem.	23d. LOCATION CITY OR TOWN Western	port Ä	llegan	Md.		
7	24 F	Boal Funeral	Service P. A.	Western		PRECIDENT HER RAR	25 REGISTRA	p's signat	JRE-day		



STATE OF MARYLAND

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